

L14000181329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

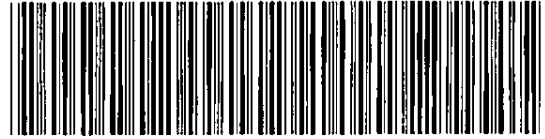
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400438441624

LLC dissolution

FILED  
2024 OCT 31 AM 11:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 OCT 31 AM 9:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

NOV 1 2024

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/31/2024

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1306264

**ORDER ENTITY**

THE JUDY AND CRAIG HERMAN LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**THE JUDY AND CRAIG HERMAN LLC (FL)**

File the attached dissolution document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Judy and Craig Herman LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Herman	(Name of Person)
	(Firm/Company)
4550 North Bay Road	(Address)
Miami Beach, Florida 33140	(City/State and Zip Code)

For further information concerning this matter, please call:

Judith Herman at (786) 5662400  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2024 OCT 31 AM 11:13

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
The Judy and Craig Herman LLC

2. The Articles of Organization were filed on 11/21/2014 and assigned  
document number L14000181329

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

no longer operating

no longer operating

no longer operating

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Judith Herman  
Signature

Judith Herman

Printed Name

FILING FEE: \$25.00